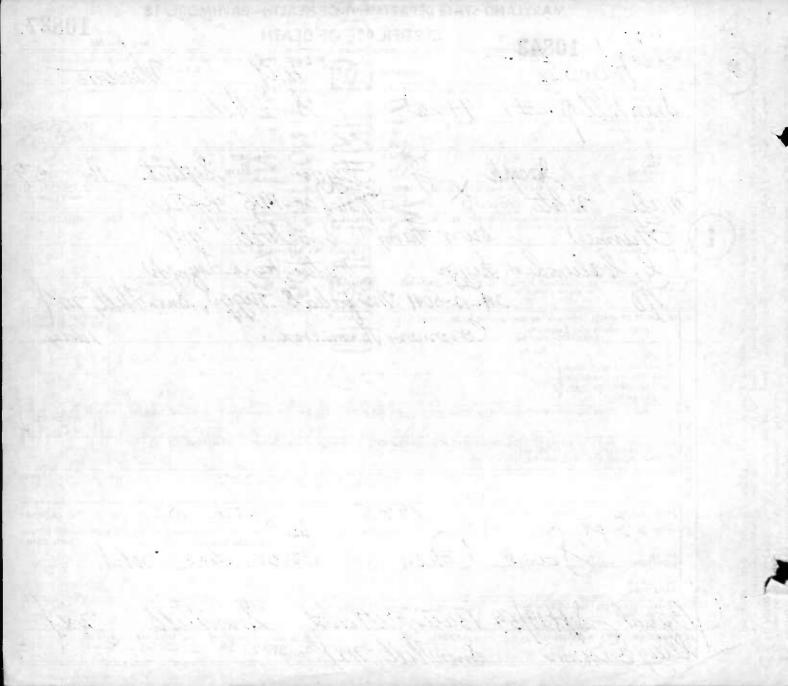
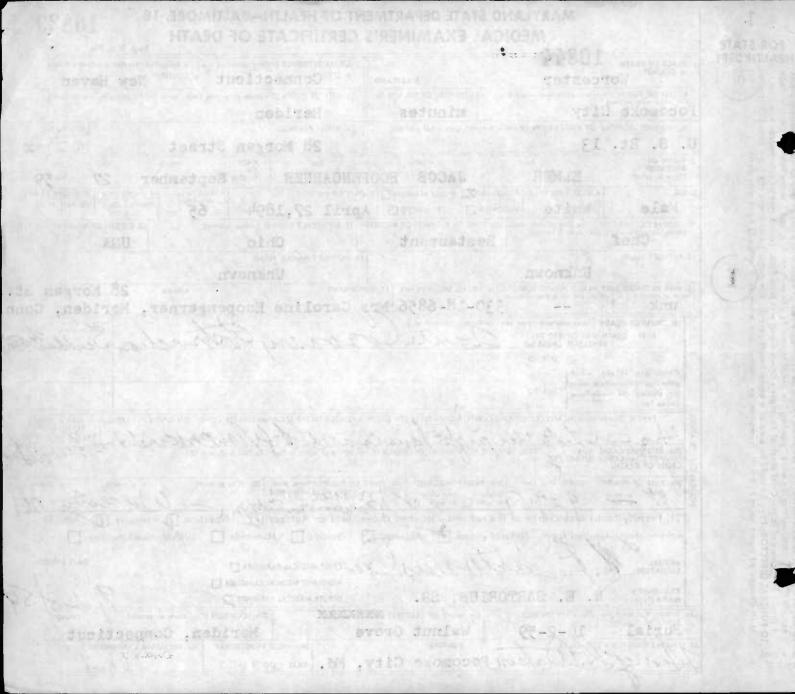
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



CERTIFICATE OF DEATH		
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Vertex or you (i.e. the common of the common		
AND A THE RESERVE OF THE PARTY	To the second	



22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arthur & thous

24g, REC'D BY REGISTRAR

DATE

(State)

should 3 0

VS A15 (4) 15M 9/55

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

0/2

22b. DATE THEREOF

			4430	
		ACT THE STREET		
	HAT THE OTHER			
		20 0		
			Acres San Agents	
THE STATE OF				
	H (NH) NATARIA			

1. PLACE OF DEATH a. COUNTY Worcester  MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Worcester
b. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest town)  Showell  c. LENGTH OF STAY IN 1b  Showell  c. LENGTH OF STAY IN 1b  Showell
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) Maurice Roscoe Stuller Lost DEATH Sept. 13 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH MALE White WIDOWED DIVORCED Aug. 15, 1891 9. AGE (in years of birthdoy) Wonths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane of the life, even if retired)  10b. KIND OF 8USINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country)  Short Order Maryland USA
John S. Stuller  14. Mother's Maiden Name Annie M. Nelson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes. no. or unbood of the Walth of the Control of Service) 216-07-9713 J. H. Stuller Showell, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  MARRILLE CENTRAL SETWEEN ONSET AND DEATH  MEDIATE CAUSE (a)
Canditions, if any, which) (b) (interconselevases Severalged. 12 yrs
gave rise to immediate cause (a), stating the underlying cause last.  (c) Can term relevative fleary Meeting 2 yra
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES DEVILOR (SECURITY OF THE PROPERTY OF THE PROP
20a. EXTERNAL CAUSÉ WAS  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)  CAUSE OF DEATH.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  P. m. 19 20d. INJURY OCCURRED While at wark at w
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry, and find the death resulted from: Notural couses . Accident , Suicide , Homicide , Undetermined couse .
SIGNATURE HEAMSEUR RABLES M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
EXAMINER'S HERMANA ROBBINS MIDERULY MEDICAL EXAMINER - 9/14/59
22c. NAME OF CEMETERY OR CREMATION, REMOVAL (Specify) Birrial 9/16/50 22c. NAME OF CEMETERY OR CREMATORY Uniontown, Md.
23. FUNERAL DIRECTOR'S GIGNATURE 246. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINED'S CEDTIFICATE OF DEATH

10831

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FOR STÁTE HEALTH DEPT.



TO DEPUTY MEDITAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is a stary, please execute the control, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral clark. Page 4 should be for anded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained be your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS. ATSME

BM 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10832

10847	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY OF THE STREET MARYLAND	2. USUAL RESIDENCE (White deceased lived. If institution: Residence before admission)  a. STATE  b. COUNTY
b. CHY OR TOWN It outside corporate limits, write RUPAL C. LENGTH OF STAY IN 1b ond give nearest town)	c. CITY OR TOWNY (Programme or corporate lignits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street address)	d. STREET ADDRESS  Monrof  YES   NO
3. NAME OF DECEASED (Type or print) Robert Woodle	Lost 4. DATE Month Day Year OF DEATH 27 1957
5. SEX 7. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED 1	PATE OF BIRTH  P. AGE (In year)  July 1885.  July 1885.  July 1885.  Months Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done) Towning most of working life, even if relired)  Towning most of working life, even if relired)	11. BITTHPLACE (Signe or foreign country) 12. CITIZEN OF WHAT COUNTRY'S
13. FATHER'S, NAME	14. MOTHER'S MAIDEN NAME Sarah Konge
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. IN [If you, give wor or dates of tervice] 77 7 140	FORMANT PLY HENGER Address to a City Mds
18. CAUSE OF DEATH [Enter only one cause per line for (6), (b), and (4)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  (MMEDIATE CAUSE (a) Control  4.20. Due to	sy Obstruction Indient
Conditions, if any, which) (b)	
gave rise to immediate cause (a), stating the underlying cause last. (c)	Irred.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum \) NO \( \sum \)
200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   200. DESCRIBETION INJURY OCCURRED. (EACH CAUSE OF DEATH.	for noture of injury in Port I or Part If of item 18.)
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20f. (City or lown) (Caunty) (State) ry, street, affice bldg., etc.)
21. I certify that I took charge of the remains described above	ve, held on Autopsy 🔲, Inspection 🗹, Inquiry 🔼, and in my
opinion death resulted fram: Natural causes . Accident	, Suicide , Hamicide , Undetermined manner
SIGNATURE Cartorius Sa	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S ALT Saytorius Sy	ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   9/28/8
270. BURIAL CREMATION, 27b. DATE THEREOF REMOVAL (Specify)  Burial 9/30/57 Red Men	CEMATORY 22d. LOCATION (City, lawn, or county) (Stole)
23. FUNDRAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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